

The authors have no conflict of Interest

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Key Words: Suicide, Religion, Medical Student, Beliefs, Demographics

## PROXIMITY PREDICTS REFERRAL TO THE TERTIARY PAEDIATRIC CARDIOLOGY SERVICE

Editor,

In the present era, demands on the specialist services provided in paediatric cardiology centres have increased dramatically<sup>1,2</sup>. We aimed to determine the frequency and basis for inpatient consultation with the paediatric cardiology service in a tertiary teaching hospital.

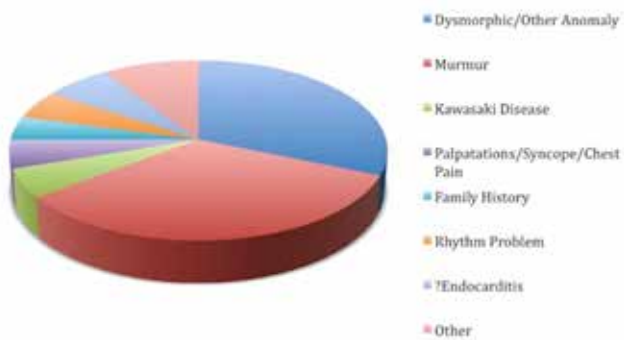


Fig 1. Indications for referral to Paediatric Cardiology.

Information regarding new patient referral activity in the Department of Paediatric Cardiology, RBHSC was collected prospectively Monday to Friday from 9am to 5pm during a 3-month period using a proforma

Ninety-six new patient referrals were made, 77 were formally reviewed. The mean age at referral was 2 years (range birth to 17 years). The most common reasons for referral were identification of a murmur (33.3%) or for assessment of a condition likely to be associated with congenital heart disease



Fig 2. Paediatric Cardiology diagnoses.

(31.3%). Reasons for referral are illustrated in Figure 1. Almost two thirds (65.6%) of referrals were made from the RBHSC site, significantly more than any other peripheral hospital site ( $p < 0.05$ ). However, there were no significant differences in the reason for referral between RBHSC and non-RBHSC sites (Chi-squared 0.21).

Of all the patients formally reviewed ( $n = 77$ ), only five (7%) had major congenital heart disease (CHD) with diagnoses of hypoplastic left heart x2, coarctation, pulmonary atresia VSD and a large primum ASD. Eighteen patients (23%) had minor CHD not likely to require any intervention (e.g. small muscular VSD), 10% had features of normal transition from foetal circulation such as patent ductus arteriosus (PDA). Diagnoses reached are shown in Figure 2. A large number of patients (66.7%) were referred with incomplete first line investigations (i.e. CXR, ECG, measurement of saturations and blood pressure).

Triaging and managing of referrals represents a significant burden for junior medical staff on the paediatric cardiology ward and can potentially impact on level of care provided to inpatients. Proximity to the service appears to inappropriately increase number of referrals made although there is no difference in actual reason for referral. Similar to the current literature, few referrals yield significant pathology and the most frequent reason for referral remains evaluation of a murmur<sup>2,3</sup>. Limited information available at time of referral makes it difficult to prioritise the patient in a proper fashion and may make the whole process more time consuming. We believe there is a requirement for further education of paediatric trainees regarding appropriate work-up of patients and which conditions require inpatient consultation.

The authors have no conflict of interest

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## POTENTIAL RISK OF UNIDIRECTIONAL ROTATION WHEN ADVANCING CENTRAL VENOUS CATHETERS.

Editor

We report a case of a polytrauma victim who required central